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Bib Data Sheet

CONFIRMATION NO. 8979

<b>SERIAL NUMBER</b> 10/810,397	<b>FILING OR 371(c) DATE</b> 03/25/2004 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> P5022A
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## APPLICANTS

Horng Jiun Chang, Taichung, TAIWAN;

\*\* CONTINUING DATA \*\*\*\*\*

NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
06/06/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	 Examiner's Signature	Initials	<b>STATE OR COUNTRY</b> TAIWAN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 1
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TAIWAN

## TITLE

Lower leg massage assembly

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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